



REPUBLIC OF NAMIBIA

MINISTRY OF INDUSTRIALISATION, TRADE & SME DEVELOPMENT

REGISTRATION OF NAMIBIAN PRODUCTS

REGISTRATION FORM

PLEASE NOTE: The information collected will be treated with the highest confidentiality it deserves.

(Please Print)

SECTION A: BUSINESS INFORMATION

Registered Business Name:				Registration No:
VAT Registration Number:		Income Tax Registration Number:		
Postal Address:				
Telephone no.:		Email:		
How long has the business been in operation?				
Business Category: (Please tick (√) appropriate box)				
<input type="checkbox"/> Micro	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	
Legal Status: (Please tick (√) appropriate box)				
<input type="checkbox"/> Close Corporation	<input type="checkbox"/> Sole Proprietary	<input type="checkbox"/> Pty (Ltd)	<input type="checkbox"/> Public Ltd	
<input type="checkbox"/> Incorporated Company	<input type="checkbox"/> Section 21 Company	<input type="checkbox"/> Other (specify):.....		

SECTION B: COMPANY LOCATION DETAILS (Please fill in applicable information below)

Region:.....	Constituency:.....	Town:.....	Village:.....
Please tick (√) the appropriate box (multiple answers possible):			
<input type="checkbox"/> Rural area	<input type="checkbox"/> Urban area	<input type="checkbox"/> Industrial Park	<input type="checkbox"/> SME Module
<input type="checkbox"/> EPZ			

SECTION C: CONTACT PERSON DETAILS

Last Name:	First Name:	Initial(s):	Position in the Company (e.g. MD):
Email Address:	Cell phone no.:	Work telephone no.:	

SECTION D: PRODUCT(S) INFORMATION					
List of Product(s):	Average Quantity Produced per Month	Is the Product Certified by NSI? <i>(Please tick (✓) the appropriate box)</i>		Does the Product Have Barcodes? <i>(Please tick (✓) the appropriate box)</i>	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please indicate any other body you used to certify your product(s):					
If your product(s) have barcodes, where did you obtain them?					
Which retailer(s) stock your products?					
Do you export any of your products?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, to where?		

SECTION E: ADDITIONAL INFORMATION		
Has your business received any kind of support from a government institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify the type of support and the name of the government institution:		
Briefly highlight growth opportunities for the business:	What are the main challenges affecting the business:	
<p><i>I declare that the information provided here above is correct to the best of my ability and I authorise the Ministry of Industrialisation, Trade and SME Development to use the collected information for the purpose it is sought for.</i></p>		
Signature of Applicant		Date

SECTION F: FOR OFFICE USE ONLY		
Onsite assessment comments:		
Staff name:	Signature:	Date: